



Sinkinson Dyslexia Foundation

3701 Pacific Ave. Suite 500

Virginia Beach, VA 23451

(757) 437-0733

Tutor Contact Information (Please Print)

First Name Middle Initial Last Name Suffix

() - () - () -
Cell Phone Home Phone Work Phone

Email Address

Street Address Apt./Unit

City State Zip Code

Education

What is your highest grade completed in school? _____

Degree _____ School _____ Year Graduated _____

Currently enrolled (school) _____ pursuing (degree) _____

Estimated Date of Completion _____

List employment or volunteer duties which contribute to your preparation for this opportunity

Job Title/Organization Years Involved Contact Person Phone Number

Have you ever been terminated from a job? Yes No

If yes, please explain cause for dismissal _____

Why do you want to volunteer?

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

Would you submit to a background check if necessary? Yes No

Do you know of anything that would prevent you from meeting with a student on a regular basis until completion of tutoring (at least 60 hours)? Yes No

If yes, please explain _____

References: Please list two people who have known you for at least two years. No relatives please. Please print neatly.

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

How did you hear about Sinkinson Dyslexia Foundation? _____

I certify that the above information is true in all respects and I agree that if I am accepted as a volunteer and it is found to be false in any way, that I may be subject to termination from Sinkinson Dyslexia Foundation. I understand that completion of this application is not a guarantee of acceptance as a volunteer tutor. I understand that Sinkinson Dyslexia Foundation is an alcohol and drug-free workplace and volunteer zone.

Signature: _____ Date: _____
